

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009597

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

340

Primary Registration District No.

3075

Registrar's No.

19

FILED FEB 26 1962

1. PLACE OF DEATH

a. COUNTY *Stoddard*

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN *Dexter*

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION *Residence*

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri* b. COUNTY *Stoddard*

c. CITY
OR
TOWN *Dexter*

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
670 Park Lane

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED.

First

Middle

Last

Albert

Ray

Tanner

4. DATE OF DEATH

Month

Day

Year

Feb.

14,

1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12-2-1892

9. AGE (last birthday)
69

IF UNDER 1 YEAR
Months *2* Days *12*

IF UNDER 24 HR
Hours *12* Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Mechanic

10b. KIND OF BUSINESS OR INDUSTRY
Air-Craft Maintenance

11. BIRTHPLACE (City and state or country)
Stoddard County, Missouri

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Dave Tanner

13b. MOTHER'S MAIDEN NAME

Rosie Kertner

14. NAME OF HUSBAND OR WIFE

Myrtle Tanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Myrtle Tanner, Dexter, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism

INTERVAL BETWEEN
ONSET AND DEATH
24 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis

5 years

DUE TO (c)

Hypertension

7 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *July 1960* to *Feb 1962* and last saw her/him alive on *Feb 14th 1962*
Death occurred at *3:40 P.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE
2-16-62

23c. NAME OF CEMETERY OR CREMATORY
Dexter

23d. LOCATION (City, town, or county)
Dexter, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rainey Funeral Home, Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

2/19/62

Valera V. Jenkins

MAR 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Septon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.